

Corrections to the 2003 HCPCS Update

A1 – The coverage indicator should be C (carrier judgment).

A2 - The coverage indicator should be C (carrier judgment).

A3 - The coverage indicator should be C (carrier judgment).

A4 - The coverage indicator should be C (carrier judgment).

A5 - The coverage indicator should be C (carrier judgment).

A6 - The coverage indicator should be C (carrier judgment).

A7 - The coverage indicator should be C (carrier judgment).

A8 - The coverage indicator should be C (carrier judgment).

A9 - The coverage indicator should be C (carrier judgment).

A4421 - The pricing indicator should be **46**. There should be no changes for 2003 for this code.

A6438 – The end of the long description should say (at least **3** yards unstretched).

A9603 – Delete this code. This is a duplicate of code A9517.

CA – **ADD pricing modifier effective 1/1/2003**. Long description is “Procedure payable only in the inpatient setting when performed emergently on an outpatient who expires prior to admission”. Short description is “Procedure payable inpatient”. Coverage is C.

CB - **ADD pricing modifier effective 1/1/2003**. Long description is “Service ordered by a renal dialysis facility (RDF) physician as part of the beneficiary’s benefit, is not part of the composite rate, and is separately reimbursable”. Short description is “Separately reimbursable serv”. Coverage is S with a statute reference of 1861(s)(2)(F).

C1716 - This code should **not** have a termination date. Still active for 2003.

C1718 – This code should **not** have a termination date. Still active for 2003.

C1719 – This code should **not** have a termination date. Still active for 2003.

C1720 – This code should **not** have a termination date. Still active for 2003.

C2616 – This code should **not** have a termination date. Still active for 2003.

E0203 – The coverage indicator should be I (not payable by Medicare).

E1091 – There should be a termination date of 12/31/2002.

G0263 – The long description should be “Direct admission of patient with diagnosis of congestive heart failure, chest pain or asthma for observation **services that meet all criteria for G0244**”.

G0264 – The long description should be “Initial nursing assessment of patient directly admitted to observation with diagnosis other than CHF, chest pain or asthma **or patient directly admitted to observation with diagnosis of CHF, chest pain or asthma when the observation stay does not qualify for G0244**”.

G0281 – The add date and effective date should be 04/01/2003.

G0282 – The add date and effective date should be 04/01/2003.

G0295 – The add date and effective date should be 04/01/2003.

J2260 – The short description should be “Injection, milrinone lactate, 5 **MG**”.

J9130 – The short description should be “Dacarbazine, **100** mg inj”.

K0085 – There should be a comma after gel cell in the long description.

K0548 – There should be a termination date of 12/31/2002. Cross reference to code J1817.

L0474 – Delete this code. This is a duplicate of code L0470.

L3218 – Cross reference this code to L3260.

L3223 – Cross reference this code to L3260.

L7900 – Description should be “Male vacuum erection system” effective 1/1/2003.

Q3000 – **ADD code effective 1/1/2003**. Long description is “Supply of radiopharmaceutical diagnostic imaging agent, rubidium RB-82, per dose”. Short description is “Rubidium RB-82”. Coverage is D, pricing 99.

Q3021 – Coverage should be I (not payable by Medicare).

Q3022 – Coverage should be I (not payable by Medicare).

Q3023 – Coverage should be I (not payable by Medicare).

SM – **ADD descriptive modifier effective 7/1/2002**. Long description is “Second surgical opinion”. Short description is “Second opinion”. Coverage is I.

SN – **ADD descriptive modifier effective 7/1/2002.** Long description is “Third surgical opinion”. Short description is “Third opinion”. Coverage is I.

SQ – **ADD descriptive modifier effective 10/1/2002.** Long description is “Item ordered by home health”. Short description is “Item ordered by home health”. Coverage is I.

S0091 – The long description should be “**Granisetron hydrochloride, 1 mg (for circumstances falling under the Medicare statute, use Q0166).**”

S0092 – The long description should be “**Injection, hydromorphone hydrochloride, 250 mg (loading dose for infusion pump).**”

S0093 – The long description should be “**Injection, morphine sulfate, 500 mg (loading dose for infusion pump).**”

S0104 – **ADD code effective 10/1/2002.** Long description is “Zidovudine, oral, 100 mg”. Short description is “Zidovudine, oral, 100 mg”. Coverage is I, pricing 00.

S0135 – **ADD code effective 10/1/2002.** Long description is “Injection, pegfilgrastim, 6 mg”. Short description is Pegfilgrastim injection 6mg”. Coverage is I, pricing 00.

S0201 – **ADD code effective 10/1/2002.** Long description is “Partial hospitalization services, less than 24 hours, per diem”. Short description is “Partial hospitalization serv”. Coverage is I, pricing 00.

S0207 – **ADD code effective 10/1/2002.** Long description is “Paramedic Intercept, non-hospital based ALS service (non-voluntary), non-transport”. Short description is “Paramedicintercep nonhospals”. Coverage is I, pricing 00.

S0315 – **ADD code effective 10/1/2002.** Long description is “Disease management program; initial assessment and initiation of the program”. Short description is “Disease management program”. Coverage is I, pricing 00.

S0316 – **ADD code effective 10/1/2002.** Long description is “Follow-up/reassessment”. Short description is “Follow-up/reassessment”. Coverage is I, pricing 00.

S0320 – **ADD code effective 10/1/2002.** Long description is “Telephone calls by a registered nurse to a disease management program member for monitoring purposes; per month”. Short description is “RN telephone calls to DMP”. Coverage is I, pricing 00.

S1040 – **ADD code effective 10/1/2002.** Long description is “Cranial remolding orthosis, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)”. Short description is “Cranial remolding orthosis”. Coverage is I, pricing 00.

S2262 – **ADD code effective 10/1/2002.** Long description is “Abortion for maternal indication, 25 weeks or greater”. Short description is “Abortion maternal indic >=25w”. Coverage is I, pricing 00.

S2265 – **ADD code effective 10/1/2002.** Long description is “Abortion for fetal indication, 25-28 weeks”. Short

description is “Abortion 25-28wks fetal indi”. Coverage is I, pricing 00.

S2266 – **ADD code effective 10/1/2002.** Long description is “Abortion for fetal indication, 29-31 weeks”. Short description is “Abortion 29-31wks fetal indi”. Coverage is I, pricing 00.

S2267 – **ADD code effective 10/1/2002.** Long description is “Abortion for fetal indication, 32 weeks or greater”. Short description is “Abortion >=32wks fetal indica”. Coverage is I, pricing 00.

S3655 – **ADD code effective 10/1/2002.** Long description is “Antisperm antibodies test (immunobead)”. Short description is “Antisperm antibodies test”. Coverage is I, pricing 00.

S5100 – **ADD code effective 1/1/2003.** Long description is “Day care services, adult; per 15 minutes”. Short description is “Adult daycare services 15 min”. Coverage is I, pricing 00.

S5101 – **ADD code effective 1/1/2003.** Long description is “Day care services, adult; per half day”. Short description is “Adult day care per half day”. Coverage is I, pricing 00.

S5102 – **ADD code effective 1/1/2003.** Long description is “Day care services, adult; per diem”. Short description is “Adult day care per diem”. Coverage is I, pricing 00.

S5105 – **ADD code effective 1/1/2003.** Long description is “Day care services, center-based; services not included in program fee, per diem”. Short description is “Centerbased daycare per diem”. Coverage is I, pricing 00.

S5110 – **ADD code effective 1/1/2003.** Long description is “Home care training, family; per 15 minutes”. Short description is “Family homecare training 15m”. Coverage is I, pricing 00.

S5111 – **ADD code effective 1/1/2003.** Long description is “Home care training, family; per session”. Short description is “Family homecare train/session”. Coverage is I, pricing 00.

S5115 – **ADD code effective 1/1/2003.** Long description is “Home care training, non-family; per 15 minutes”. Short description is “Nonfamily homecare train/15m”. Coverage is I, pricing 00.

S5116 – **ADD code effective 1/1/2003.** Long description is “Home care training, non-family; per session”. Short description is “Nonfamily HC train/session”. Coverage is I, pricing 00.

S5120 – **ADD code effective 1/1/2003.** Long description is “Chore services; per 15 minutes”. Short description is “Chore services per 15 min”. Coverage is I, pricing 00.

S5121 – **ADD code effective 1/1/2003.** Long description is “Chore services; per diem”. Short description is “Chore services per diem”. Coverage is I, pricing 00.

S5125 – **ADD code effective 1/1/2003.** Long description is “Attendant care services; per 15 minutes”. Short description is “Attendant care service /15m”. Coverage is I, pricing 00.

- S5126** – **ADD code effective 1/1/2003.** Long description is “Attendant care services; per diem”. Short description is “Attendant care service /diem”. Coverage is I, pricing 00.
- S5130** – **ADD code effective 1/1/2003.** Long description is “Homemaker service, nos; per 15 minutes”. Short description is “Homaker service nos per 15m”. Coverage is I, pricing 00.
- S5131** – **ADD code effective 1/1/2003.** Long description is “Homemaker service, nos; per diem”. Short description is “Homemaker service nos /diem”. Coverage is I, pricing 00.
- S5135** – **ADD code effective 1/1/2003.** Long description is “Companion care, adult (e.g. IADL/ADL); per 15 minutes”. Short description is “Adult companioncare per 15m”. Coverage is I, pricing 00.
- S5136** – **ADD code effective 1/1/2003.** Long description is “Companion care, adult (e.g. IADL/ADL); per diem”. Short description is “Adult companioncare per diem”. Coverage is I, pricing 00.
- S5140** – **ADD code effective 1/1/2003.** Long description is “Foster care, adult; per diem”. Short description is “Adult foster care per diem”. Coverage is I, pricing 00.
- S5141** – **ADD code effective 1/1/2003.** Long description is “Foster care, adult; per month”. Short description is “Adult foster care per month”. Coverage is I, pricing 00.
- S5145** – **ADD code effective 1/1/2003.** Long description is “Foster care, therapeutic, child; per diem”. Short description is “Child fostercare th per diem”. Coverage is I, pricing 00.
- S5146** – **ADD code effective 1/1/2003.** Long description is “Foster care, therapeutic, child; per month”. Short description is “Ther fostercare child /month”. Coverage is I, pricing 00.
- S5150** – **ADD code effective 1/1/2003.** Long description is “Unskilled respite care, not hospice; per 15 minutes”. Short description is “Unskilled respite care /15m”. Coverage is I, pricing 00.
- S5151** – **ADD code effective 1/1/2003.** Long description is “Unskilled respite care, not hospice; per diem”. Short description is “Unskilled respitcare /diem”. Coverage is I, pricing 00.
- S5160** – **ADD code effective 1/1/2003.** Long description is “Emergency response system; installation and testing”. Short description is “Emer response sys install&tst”. Coverage is I, pricing 00.
- S5161** – **ADD code effective 1/1/2003.** Long description is “Emergency response system; service fee, per month (excludes installation and testing)”. Short description is “Emer rspns sys serv permonth”. Coverage is I, pricing 00.
- S5162** – **ADD code effective 1/1/2003.** Long description is “Emergency response system; purchase only”. Short description is “Emer rspns system purchase”. Coverage is I, pricing 00.
- S5165** – **ADD code effective 1/1/2003.** Long description is “Home modifications; per service”. Short description is “Home modifications per serv”. Coverage is I, pricing 00.

S5170 – **ADD code effective 1/1/2003.** Long description is “Home delivered meals, including preparation; per meal”. Short description is “Homedelivered prepared meal”. Coverage is I, pricing 00.

S5175 – **ADD code effective 1/1/2003.** Long description is “Laundry service, external, professional; per order”. Short description is “Laundry serv,ext,prof,/order”. Coverage is I, pricing 00.

S5180 – **ADD code effective 1/1/2003.** Long description is “Home health respiratory therapy, initial evaluation”. Short description is “HH respiratory thrpy in eval”. Coverage is I, pricing 00.

S5181 – **ADD code effective 1/1/2003.** Long description is “Home health respiratory therapy, nos, per diem”. Short description is “HH respiratory thrpy nos/day”. Coverage is I, pricing 00.

S5185 – **ADD code effective 1/1/2003.** Long description is “Medication reminder service, non-face-to-face; per month”. Short description is “Med reminder serv per month”. Coverage is I, pricing 00.

S5190 – **ADD code effective 1/1/2003.** Long description is “Wellness assessment, performed by non-physician”. Short description is “Wellness assessment by nonph”. Coverage is I, pricing 00.

S5199 – **ADD code effective 1/1/2003.** Long description is “Personal care item, nos, each”. Short description is “Personal care item nos each”. Coverage is I, pricing 00.

S8004 – **Add code effective 10/1/2002.** Long description is “Radioimmunopharmaceutical localization of targeted cells; whole body”. Short description is “Wholebody radiopharm trgcell”. Coverage is I, pricing 00.

S8433 – This code **should** have a **termination date of 12/31/2002.**

S9105 – “Evaluation by ocularist” **should be code S9150.**

S9326 – Effective 10/1/2002, the long description should be “Home infusion therapy, continuous (**twenty-four hours or more**) pain management infusion; administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem.”

S9327 – Effective 10/1/2002, the long description should be “Home infusion therapy, intermittent (**less than twenty-fours hours**) pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem.”

S9330 – Effective 10/1/2002, the long description should be “Home infusion therapy, continuous (**twenty-four hours or more**) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem.”

- S9331** – Effective 10/1/2002, the long description should be “Home infusion therapy, intermittent (**less than twenty-four hours**) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem.”
- S9338** – Effective 10/1/2002, the long description should be “Home infusion therapy, immunotherapy (**e.g., intravenous immunoglobulin, interferon**); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment drugs and nursing visits coded separately), per diem.”
- S9364** – Effective 10/1/2002, the long description should be “Home infusion therapy, total parenteral nutrition (TPN); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment **including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula** and nursing visits coded separately), per diem (do not use with home infusion codes S9365-S9368 using daily volume scales).”
- S9365** – Effective 10/1/2002, the long description should be “Home infusion therapy, total parenteral nutrition (TPN); one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment **including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula** and nursing visits coded separately), per diem.”
- S9366** – Effective 10/1/2002, the long description should be “Home infusion therapy, total parenteral nutrition (TPN); more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment **including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula** and nursing visits coded separately), per diem.”
- S9367** – Effective 10/1/2002, the long description should be “Home infusion therapy, total parenteral nutrition (TPN); more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment **including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula** and nursing visits coded separately), per diem.”
- S9368** – Effective 10/1/2002, the long description should be “Home infusion therapy, total parenteral nutrition (TPN); more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment **including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula** and nursing visits coded separately), per diem.”
- S9484** – **ADD code effective 7/1/2002.** Long description is “Crisis intervention mental health services, per hour”. Short description is “Crisis intervention per hour”. Coverage is I, pricing 00.

- S9490** – **ADD code effective 7/1/2002.** Long description is “Home infusion therapy, corticosteroid infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem”. Short description is “HIT corticosteroid/diem”. Coverage is I, pricing 00.
- S9494** – Effective 10/1/2002, the long description should be “Home infusion therapy, antibiotic, antiviral, or antifungal therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately, per diem) (do not use this code with home infusion codes for hourly dosing schedules S9497-S9504)”.
- S9537** – Effective 10/1/2002, the long description should be “Home therapy, hematopoietic hormone injection therapy (e.g. erythropoietin, G-CSF, GM-CSF); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately); per diem.”
- S9542** – Effective 10/1/2002, the long description should be “Home injectable therapy, not otherwise classified, including administrative services, professional pharmacy services, **care coordination**, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem.”
- S9558** – Effective 10/1/2002, the long description should be “Home infusion therapy, growth hormone, including administrative services, professional pharmacy services, **care coordination**, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem.”
- S9559** – Effective 10/1/2002, the long description should be “Home infusion therapy, interferon, including administrative services, professional pharmacy services, **care coordination**, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem.”
- S9806** – **ADD code effective 7/1/2002.** Long description is “RN services in the infusion suite of the IV therapy provider, per visit”. Short description is “RN infusion suite visit”. Coverage is I, pricing 00.
- S9900** – **ADD code effective 7/1/2002.** Long description is “Services by authorized Christian Science Practitioner for the process of healing, per diem; not to be used for rest or study; excludes in-patient services. Short description is “Christian Sci Pract visit”. Coverage is I, pricing 00.

TS – Change add date and effective date to **10/1/2002**.

TT – Change add date and effective date to **10/1/2002**.